

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

FILED  
U.S. DISTRICT COURT  
DISTRICT OF NEBRASKA

## UNITED STATES DISTRICT COURT

2020 SEP 10 PM 1:02

for the

OFFICE OF THE CLERK

District of

Division

Case No.

8:20cv363

(to be filled in by the Clerk's Office)

LEILA MARIE MCCOY

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

THE CONNECTION ET AL

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

U.S. DISTRICT COURT  
CLERK

SEP 10 2020

RECEIVED

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>LEILA MARIE MCCOY</u>
Street Address	<u>10911 W 63<sup>RD</sup> PLACE #101</u>
City and County	<u>ARVADA, JEFFERSON</u>
State and Zip Code	<u>COLORADO, 80004</u>
Telephone Number	<u>(816) 508-5056</u>
E-mail Address	<u>DAHLIA.80004@GMAIL.COM</u>

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	THE CONNECTION
Job or Title <i>(if known)</i>	
Street Address	414 E 6th St,
City and County	NORTH PLATTE, LINCOLN
State and Zip Code	NEBRASKA, 69103
Telephone Number	(308) 532-5050
E-mail Address <i>(if known)</i>	

## Defendant No. 2

Name	ASHLEY LEWIS IN HER INDIVIDUAL AND PROF CAP
Job or Title <i>(if known)</i>	EXECUTIVE DIRECTOR
Street Address	414 E 6 <sup>TH</sup> STREET
City and County	NORTH PLATTE, LINCOLN
State and Zip Code	NE 69103
Telephone Number	(308) 532-5050
E-mail Address <i>(if known)</i>	directorshelter@gmail.com

## Defendant No. 3

Name	"Jess" his indivieidual and professional capacity
Job or Title <i>(if known)</i>	Prisident Executive Committee/Board of Directors
Street Address	2420 WEST FRONT STREET
City and County	NORTH PLATTE, LINCOLN
State and Zip Code	NEBRASKA, 69101
Telephone Number	(308) 532-5050
E-mail Address <i>(if known)</i>	Jess@knobelpro.com

## Defendant No. 4

Name	Carolyn Driver
Job or Title <i>(if known)</i>	Member Board of Directors
Street Address	414 E 6 <sup>th</sup> Street
City and County	NORTH PLATTE, LINCOLN
State and Zip Code	NEBRASKA, 69103
Telephone Number	(308) 532-5050
E-mail Address <i>(if known)</i>	wyomablue@gmail.com

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	THE CONNECTION
Street Address	414 E 6 <sup>TH</sup> STREET
City and County	NORTH PLATTE, LINCOLN
State and Zip Code	NEBRASKA, 69103
Telephone Number	(308) 532-5050

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Other federal law *(specify the federal law)*:

FAIR HOUSING ACT

- ☒ Relevant state law *(specify, if known)*:

Nebraska Revised Statute 28-3806, Nebraska Revised Statute 48-1114

- ☒ Relevant city or county law *(specify, if known)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: DIFFERENT PAY BASED ON RACE AND GENDER

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

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C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race HISPANIC
- ☒ color BLACK
- ☒ gender/sex FEMALE
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*  
BLIND, MOBILITY IMPAIRED, CHRON ILL

E. The facts of my case are as follows. Attach additional pages if needed.

1. I had recently suffered a miscarriage/2 days prior to the agency case manager and director asking me to take a position as case manager due to the other case manager quitting. I worked with NE Rehabilitation for the Blind to restructure my entire approved Individual Employment Plan and delayed going to graduate school to help this agency as no one else would take the job. I was hired at \$12.00 per hour and overtime. After hiring me and making me work up to 16 hours per day, the agency directed their book-keeper to refuse to pay my overtime, telling her "she's blind she may not even notice" and joking about my disability in front of other employees. The bookkeeper Jan Knight reported this to the wage investigations department, state attorney general investigators and to me. The agency director Ashley Lewis joked that because I receive SSI for the blind "that should be enough". The agency Defendants provided different terms of employment, salary and employee discipline based on my race, gender and ADA civil rights enforcement activities, failed to provide ADA accommodations
  2. When Defendants learned I had filed complaint with NE EEOC they retaliated by firing me without justification. They attempted to harm me, I had to call police to be rescued, they took housing in retaliation put me and 4 children/2 disabled out in below freezing temperatures, allowed others to stay
  3. Defendants paid me a lower salary and refused to pay promised overtime based on discrimination due to my disability, gender and race. I was the only minority on staff, other caseworkers were paid the salary and overtime promised to them. I was refused this after being worked up to 16 hrs a day
  4. My family lost everything they owned, my benefits and insurance were cut based on information given by this agency claiming I was being paid the proper salary and overtime which I never received.
  5. Based solely on my race, disability and civil rights enforcement activities including participating in a law enforcement investigation of the agency for exploiting disabled employees and residents, forcing them to buy items with food stamps and then selling the items to elderly and disabled people for cash.
  6. This agency "weaponized" the North Platte PD and illegally evicted me and my children from our apartment endangering my life and my children's lives. Other former employees were given 10 days to relocate, they were not disabled and had no disabled/medically fragile children like myself.
  7. I was already a resident in their transitional housing units before being approached to take the job. I had not violated the terms of my stay and in fact had been patient while being refused a accessible apartment for months while they waited for a single man to move out of the accessible family unit.
  8. Due to my civil rights and ADA enforcement activities-I was forcibly put out of my apartment and deprived of almost everything I own including adaptive equipment for the blind because I did not impede a criminal investigation by the North Platte Police Department during the previous evening-when I was NOT on duty as an employee.
  9. Our family has several disabled persons and persons with serious chronic illness. My disabled child was deprived of his right to receive therapeutic and special education services by the actions of defendants as well. The agency prevented another agency from providing adaptive equipment to my disabled child as well. The agency went to meetings with other agencies and sent emails asking those agencies not to serve our family so we would be forced out of the area including the North Platte Housing Authority. We were deprived of accessible federal assisted housing based on false information provided by agency director Ashley Lewis to the PHA.
  10. Jess and Carolyn Driver are in receipt of my "appeal" of termination of my housing and my employment. The agency also is in receipt of civil rights and ADA complaint against the director Ashley Lewis but refused to follow the employee handbook and policies and the local/state & federal regulations prohibiting exploitation of and discrimination/retaliation against disabled persons and persons who file civil rights complaints. One of the board of directors also impeded my right to complete volunteer work necessary to gain admission to my graduate program in retaliation for my civil rights, wage and ADA complaints.
- 

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

07/01/2018

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- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 10/2018 .

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I would like \$250, 000.00 punitive and \$250,000

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**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9/8/2020

Signature of Plaintiff

Printed Name of Plaintiff

  
LEILA MARIE MCCOY

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

LEILA MARIE MCCOY

**DEFENDANTS**

THE CONNECTION ET AL

(b) County of Residence of First Listed Plaintiff JEFFERSON COLORADO  
(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant LINCOLN NE  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

LEILA MARIE MCCOY  
10911 W. 63RD PLACE #101 ARVADA, CO 80004

Attorneys (If Known)

414 E 6th St, North Platte, NE 69101

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |   | PTF                        | DEF                        |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

**V. ORIGIN** (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding    ☐ 2 Removed from State Court    ☐ 3 Remanded from Appellate Court    ☒ 4 Reinstated or Reopened    ☐ 5 Transferred from Another District (specify)    ☐ 6 Multidistrict Litigation - Transfer    ☐ 8 Multidistrict Litigation - Direct File

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
**AMERICANS WITH DISABILITIES ACT, CIVIL RIGHTS ACT, 14USCSECT1983, NE;RS 28-386**

Brief description of cause:  
**AGENCY DISCRIMINATED AGAINST AND EXPLOITED A BLIND AND DISABLED WORKER**

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.    DEMAND \$ **250,000.00**    CHECK YES only if demanded in complaint:  
**JURY DEMAND:** ☒ Yes    ☐ No

**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

09/07/2020

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE



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